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2061

12-18-03

TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

11

Application No.	10/005,596
Filing Date	November 7, 2002
First Named Inventor	Alex E. Henderson
Art Unit	2661
Examiner Name	Not Assigned
Attorney Docket Number	Technology Center 2600 42390P17205

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DEC 15 2003

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Response <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input checked="" type="checkbox"/> Information Disclosure Statement <input checked="" type="checkbox"/> PTO/SB/08 <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Basic Filing Fee <input type="checkbox"/> Declaration/POA <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation, Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s)	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): <div style="border: 1px solid black; padding: 5px;">-Return receipt postcard -PCT International Preliminary Examination Report.(4 pgs)</div>
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Kerry D. Tweet, Reg. No. 45,959 BLAKELY, SOKOLOFF, TAYLOR & ZAFMAN LLP	
Signature		
Date	December 8, 2003	

CERTIFICATE OF MAILING/TRANSMISSION

I hereby certify that this correspondence is being deposited with the United States Postal Service on the date shown below with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Typed or printed name Tammy Simpson

Signature

Date

December 8, 2003



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FEET TRANSMITTAL for FY 2003

Effective 01/01/2003. Patent fees are subject to annual revision.

Applicant claims small entity status. See 37 CFR 1.27.

TOTAL AMOUNT OF PAYMENT (\$)

Complete if Known

Application Number	10/005,596
Filing Date	November 7, 2001
First Named Inventor	Alex E. Henderson
Examiner Name	Not Assigned
Group/Art Unit	2661
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Technology Center 2600

METHOD OF PAYMENT (check all that apply)

Check Credit card Money Order Other None

Deposit Account

Deposit Account Number **02-2666**

Deposit Account Name **Blakely, Sokoloff, Taylor & Zafman LLP**

The Commissioner is authorized to check all that apply

- Charge fee(s) indicated below Credit any overpayments
 Charge any additional fee(s) required under 37 CFR §§ 1.16, 1.17, 1.18 and 1.20
 Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account

FEE CALCULATION

1. BASIC FILING FEE

Large Entity		Small Entity		Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)	
1001	770	2001	385	Utility filing fee
1002	340	2002	170	Design filing fee
1003	530	2003	265	Plant filing fee
1004	770	2004	385	Reissue filing fee
1005	160	2005	80	Provisional filing fee
SUBTOTAL (1)		(\$)		

2. EXTRA CLAIM FEES

Total Claims	Independent Claims	Extra Claims	Fee from below	Fee Paid
		20**	= <input type="text"/> X <input type="text"/> = <input type="text"/>	
		3	= <input type="text"/> X <input type="text"/> = <input type="text"/>	

Large Entity		Small Entity		Fee Description
Fee Code	Fee (\$)	Fee Code	Fee (\$)	
1202	18	2202	9	Claims in excess of 20
1201	86	2201	43	Independent claims in excess of 3
1203	290	2203	145	Multiple Dependent claim, if not paid
1204	86	2204	43	**Reissue independent claims over original patent
1205	18	2205	9	**Reissue claims in excess of 20 and over original patent
SUBTOTAL (2)		(\$)		

** or number previously paid, if greater, For Reissues, see below

3. ADDITIONAL FEES

Large Entity	Small Entity	Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)
1051	130	2051	65
1052	50	2052	25
2053	130	2053	130
1812	2,520	1812	2,520
1804	920*	1804	920*
1805	1,840*	1805	1,840*
1251	110	2251	55
1252	420	2252	210
1253	950	2253	475
1254	1,480	2254	740
1255	1,210	2255	605
1404	330	2401	165
1402	330	2402	165
1403	290	2403	145
1451	1,510	2451	1,510
1452	110	2452	55
1453	1,330	2453	665
1501	1,330	2501	665
1502	480	2502	240
1503	640	2503	320
1460	130	2460	130
1807	50	1807	50
1806	180	1806	180
8021	40	8021	40
1809	770	1809	385
1810	770	2810	385
1801	770	2801	385
1802	900	1802	900
Other fee (specify)			

* Reduced by Basic Filing Fee Paid

SUBTOTAL (3)

(\$)

Complete (if applicable)

Name (Print/Type)	Kerry D. Tweet	Registration No. (Attorney/Agent)	45,959	Telephone	(503) 684-6200
Signature				Date	December 8, 2003

Based on PTO/SB/17 (08-03) as modified by Blakely, Sokoloff, Taylor & Zafman (wir) 08/11/2003.
SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450